## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>			(X3) DATE SURVEY COMPLETED	
		155287	B. WING _			R <b>02/19/2016</b>	
NAME OF PROVIDER OR SUPPLIER  RENSSELAER CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COI 1309 E GRACE ST RENSSELAER, IN 47978	DE	02/13/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{K 000}	Code Recertification a conducted on 01/19/1 Indiana State Departr accordance with 42 C Survey Date: 02/19/10 Facility Number: 0001 Provider Number: 155 AIM Number: 100290 At this PSR survey, R found in compliance v Participation in Medic Subpart 483.70(a), Lit 2000 edition of the Na	t (PSR) to the Life Safety and State Licensure Survey 6 was conducted by the nent of Health in FR 483.70(a). 6 85 5287 840 ensselaer Care Center was vith Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the	{K 0	00}			
	and 410 IAC 16.2.  This facility and it's ac March 1, 2003, theref accordance with LSC was determined to be and was fully sprinkle alarm system with hai the corridors and space Resident rooms are e powered smoke detect capacity for 157 and hime of this survey.	ctors. The facility has the had a census of 87 at the ents have customary access o detached sheds for					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000185

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01, 02</b>			(X3) DATE SURVEY COMPLETED	
					.,	R	
		155287	B. WING		<del></del>	02/	19/2016
NAME OF PROVIDER OR SUPPLIER  RENSSELAER CARE CENTER				1	TREET ADDRESS, CITY, STATE, ZIP CODE 309 E GRACE ST RENSSELAER, IN 47978		
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page 1 Quality Review on 02/24/16 - DA A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/19/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 02/19/16  Facility Number: 000185 Provider Number: 155287 AIM Number: 100290840  At this PSR survey, Rensselaer Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  This facility and it's additions were built prior to March 1, 2003, therefore they were surveyed in accordance with LSC Chapter 19. The facility was determined to be Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 157 and had a census of 87 at the time of this survey.  All areas where residents have customary access were sprinklered. Two detached sheds for general storage were not sprinklered.  Quality Review on 02/24/16 - DA		{K C	000}			

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		155287	B. WING _			R	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
RENSSEI /	AFR CARE CENTER			1309 E GRACE ST			
RENSSELAER CARE CENTER				RENSSELAER, IN 47978			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	SHOULD BE		